



From Chaos To HOPE

DISASTER Mental Health

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Anticipating Increased
Disasters

Due to Human Sources
Or Natural Catastrophes

Regional

Major accidents
Wars
Floods, Fires, Earthquakes

Global

Pandemics
Nuclear fallout

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DISASTER=COVID PANDEMIC

The Disaster DEFINES the **stressors**

METHODOLOGY for helping=**PSYCHOEDUCATION**

FORMAT OF HELPING=**COPING CIRCLES**

- COVID Model from New York
Columbia-Presbyterian Hospital
Policy Studies in Health Delivery Systems
- USES A **PSYCHOEDUCATIONAL** METHODOLOGY
- **COPING CIRCLES**
- Small groups 6 to 8 members (with)
- Homogeneous problems
- Short-term/time-limited. 6 hour/6 weeks maximum
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Different Disasters=common human suffering

- Anxiety=anticipation of loss. Depression=actual or imagined loss
- Loss of security
 - Routine
 - Income
 - Employment
 - Social support
 - Loved ones

WHAT IS PSYCHOEDUCATION? SALESPESON SPECIALISTS FOR PHYSICIANS

Developed in the late 1970's to support patient compliance

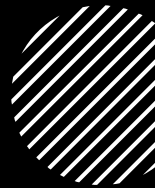
HMO's (perhaps, too) efficient use of physician time

Often did not even allow for rapport

Psychoeducators met with patients to explain their diagnosis, nature of

their treatment plan, enlisting compliance





The homogeneous groups:



1. Front line workers, doctors, and nurses



2. Those who had been ill and struggling w/symptoms



3. Those grieving



4. Those financially stressed





5. Teachers and staff, confused and stressed by regulations, repeated shut-downs



6. Those ambivalent about the vaccinations



7. Those who must embrace new, at-home work habits where the computer is suddenly part of the family

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- The primary values of the Coping Circles as a psychoeducational method derive from emphasis on uses of information exchange:
 - 1. To break isolation, help ventilate
 - 2. Form friendships, contacts among mutual sufferers that can remain ongoing
 - 3. Provide models from members who are coping well
 - 4. PRIMARILY: Screen for those more seriously disturbed who may be suicidal, sleep-disordered, depressed, addicted, etc. and in need of referral for ongoing, longer care.
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- **HEALTH MODEL.**
- Psychoeducation strives to *eliminate negative labelling* such as 'stupidity', 'craziness', 'laziness', with which the clients identified during their socialization either from external models or as a result of self-comparison with peers. For too long, the young have been exposed to being labelled with an uppercase, condemnatory
- · **letter 'D'** - as in
- · deficient,
- · dysfunctional,
- · damaged - when a lowercase 'd' is far more useful, less condemnatory - as in
- · **different** –
- the person can become independent, as unique.



- *PREVENTING CALCIFICATION OF NEGATIVE SELF-CONCEPT*

- AVOIDING DIAGNOSIS, that stigmatize
- Helper-Helpee Model of Everyday Life
- NOT Doctor--Patient

- A sense of failure --> Negative feedback from important people (boss, teacher, parent, spouse
---> further sense of failure --> further negative feedback --> reduced expectations --> further series of failures

PROGRESS toward Family Psychoeducation

General model for health and healing have 3 Phases of Prevention

- Primary: prevent illness
- Secondary: when ill/accurate diagnosis=correct prescription
- Tertiary: retain health without relapse

IF Life-style Changes are *needed* for 2nd and 3rd degree prevention, Family Involvement and **Family Psychoeducation become essential.**



Conclusions for a general model supporting interventions for Disaster Mental Health

1. Disasters will be increasing due to global warming
2. We presented a successful program that addressed trauma, and stress during Covid, Coping Circles
3. Modern models of information exchange, Psychoeducation, was defined as the health delivery system by which Coping Circles was conceptualized and delivered
4. Framed within the processes of medical healing, the uses of Psychoeducation was expanded toward Family Psychoeducation.